

## Notification to 29I Health Facilities and Medicaid Managed Care Plans (MMCPs)

To: 29I Health Facilities and Medicaid Managed Care Plans (MMCPs), including Mainstream Medicaid Managed Care and HIV Special Needs Plans

July 26, 2021

This notice is to inform 29I Health Facilities and MMCPs that the following updates to the ***New York Medicaid Program 29-I Health Facility BILLING GUIDANCE - Version 2021-5 June 2021*** can be configured into the systems, however claiming for these services are not currently authorized and are pending Centers for Medicare and Medicaid Services (CMS) and New York State Division of Budget (DOB) approvals:

Rate Code description	Rate Code	Procedure Code	
In Person interpreter services	4673	T1013	
Rate Code description	Rate Code	Procedure code	Modifier
Telephone interpreter services	4673	T1013	GQ
Rate Code description	Rate Code	Procedure Code	
All intradermal Tuberculosis (TB) tests, including TB skin tests, TB delayed hypersensitivity tests (DHT or DHR), Mantoux and/or tine tests and the purified protein derivative test (PPD)	4684	86580	

Claims will not be reimbursed by Medicaid FFS or MMCPs prior to CMS approval.

The State will provide follow up guidance indicating when claims can be submitted and what effective dates of service that will be authorized. If the claims are outside of the 90-day timely filing rule the State will also include reason for delay codes that would need to be on the claims for reimbursement.

Submit questions to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)